

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

QH

PLAINTIFF JOYCE A. WATSON	COURT CASE NUMBER 08 C 3598 <i>08 c 3598</i>
DEFENDANT JIM DACHS, ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT JIM DACHS AT GLEN OAKS NURSING HOME ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 270 SKOKIE BLVD. NORTHBROOK, ILLINOIS 60062	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
JOYCE A. WATSON 1826 CAROLINA STREET GARY, INDIANA 46407	
Number of process to be served with this Form 285 1 Number of parties to be served in this case 3 Check for service on U.S.A. X	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

FILED

Fold

Fold

AUG 15 2008 YM
AUG 15 2008
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 143	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <i>M.W. Dobbins</i>	Date 07-08-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 8/12/08 Time 9:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>George Petrich</i>	

Service Fee 96.00	Total Mileage Charges including endeavors 23.28	Forwarding Fee 0	Total Charges 119.28	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) 119.28
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REMARKS:

1 DUSM x 2 hours @ 48 miles round trip \$8

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT		PRIOR EDITIONS MAY BE USED
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